

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

ADDRESS (number and street)

16 COURT STREET 4TH FLOOR

(Check if address
is changed)

BROOKLYN

NY

11241

1003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Pamela@csa-nyc.org and/or Anita@csa-nyc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M
0 8/ D D
2 1Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00355818

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Anita Gomez Palacio

Signature of Treasurer

Electronically Filed by Anita Gomez Palacio

Date

M M
0 9/ D D
2 8Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Cooperative

Write or Type Committee Name

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**ANITA GOMEZ- PALACIO**

Mailing Address

16 COURT STREET 4TH FLOOR**BROOKLYN****NY****11241 – 1003**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

718**852****3000**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲



STATE ▲

ZIP CODE ▲

Telephone number

- Name of Bank, Depository, etc.

Mailing Address _____

CITY  STATE  ZIP CODE 